2700 INTERNAL TRANSFER REQUEST FOR S.N.

TE: 1/19/02	FROM: OPSASMICK	(print name)
	REASON(S):	· -1
DUADD TO:	A. You had Parent	(check box)
RWARD TO:	B. See Title	(check box)
767	C. See Abstract	(check box)
Class: 575 Subclass: 100 +	D. See Claim(s):	
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ATC	FROM:	(print name)
ATE:	REASON(S):	
	A. You had Parent	(check box)
ORWARD TO:	B. See Title	(check box)
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	D. See Claim(s):	
Subclass:		(print name)
	FROM:	(print name)
URTHER EXPLANATION IF NE	FROM: REASON(S):	(check box)
URTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent	
URTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title	(check box)
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DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER:	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER: REASON(S):	(check box) (check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER: REASON(S): A. You had Parent	(check box) (check box) (check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NO DISPOSITION BY 2700 CO DATE:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER: REASON(S): A. You had Parent B. See Title	(check box) (check box) (check box) (check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NO DISPOSITION BY 2700 CO DATE: FORWARD TO:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER: REASON(S): A. You had Parent	(check box) (check box) (check box)

FURTHER EXPLANATION IF NEEDED: